EXHIBIT C

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	1	OOF OF CLAIM	. <u>54.55 P</u>	age 2 of 11	
lame of Debtor	Case Number				
		06 40705 (TDD)		Action in the second se	
USA Commercial Mortgage Co.	06–1	0725 (LBR)		Parilla di	
OTE See Reverse for List of Debtors and Case Numbers is form should not be used to make a claim for an administrative exising after the commencement of the case. A "request for payment ministrative expense may be filed pursuan* to 11 U.S.C. § 503.	pense of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of			
Evelyn A. Ives Trustee of the Melvin J. Ives & Evelyn A. Ives QTI 220 First St. #3 Seal Beach , CA. 90740	P Trus	statement giving particulars Check box if you have never received any notices. From the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the	SECURED INTER ONE OF THE DE	IS PROOF OF CLAIM FOR A LEST IN A BORROWER THAT IS NOT BTORS eady filed a proof of claim with the	
		envelope sent to you by the	Bankruptcy Court or BMC you do not need to file aga		
reditor Telephone Number()562-598-8325 ast four digits of account or other number by which creditor identifies	debtor		<u> </u>	E IS FOR COURT USE ONLY	
Client#4931 - Acct#4906	GCDIO	Check here replace or if this claim amen	 a previously 	filed claim dated	
BASIS FOR CLAIM Goods sold Personal injury/wrongful death Services performed Taxes Money loaned Other (describe briefly)] Wages Last fou	benefits as defined in 11 U S salaries and compensation (digits of you SS# compensation for services pe	fill out below)	Unremitted principal Other claims against servicer (not for loan balances)	
DATE DEBT WAS INCURRED 9/13/04	3 IF C	OURT JUDGMENT DATE C	BTAINED	(date) (date)	
CLASSIFICATION OF CLAIM Check the appropriate box or boxes the See reverse side for important explanations	at best desc	ribe your claim and state the amo	unt of the claim at	the time case filed	
Check this box if a) there is no collateral or lien securing your claim or be exceeds the value of the property securing it or if c) none or only part of entitled to priority ISECURED PRIORITY CLAIM Check this box if you have an unsecured claim all or part of which is		1-2X	collateral Motor Vehicle		
entitled to priority		Value of Collateral	\$ 311,	081.00	
Amount entitled to priority \$		Amount of arrearage a secured claim if any	nd other charges \$1™/™/™/™	at time case filed included in	
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225 of deposits town services for personal family of	ard purchase leas	e or rental of property or	
Wages salaries or commissions (up to \$10 000)* earned within 180 day before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)	/s [Taxes or penalties owed to go Other Specify applicable par	overnmental units	11 U S C § 507(a)(8)	
Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)		* Amounts are subject to adju with respect to cases commer	stment on 4/1/07 a	nd every 3 years thereafter	
TOTAL AMOUNT OF CLAIM \$ 19,428.00 \$	311,0	81.00 \$	n/a	\$ 330,509.00	
(unsecured) Check this box if claim includes interest or other charges in addition to		(secured)	(priority)	(Total)	
CREDITS The amount of all payments on this claim has been cressed by the supporting documents of the supporting documents court and supporting documents counts contracts court judgments mortgages security DOCUMENTS If the documents are not available explain. If the DATE-STAMPED COPY To receive an acknowledgment of the proof of claim.	edited and cuments, s agreement document	deducted for the purpose of n such as promissory notes pur its and evidence of perfection s are voluminous attach a su	naking this proof chase orders in n of lien DO NO mmary	of claim roices itemized statements of DT SEND ORIGINAL	
The original of this completed proof of claim form must be se ACCEPTED) so that it is actually received on or before 5 00 pr for each person or entity (including individuals partnerships	m prevaili	ng Pacific time or Novemb	er 13 2006	THIS SPACE FOR COURT USE ONLY	
governmental units) BY MAIL TO BMC Group		OR OVERNIGHT DELIVERY TO		RECD	
Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245 0911	Attn US 1330 Ea	ACM Claims Docketing Cente st Franklin Avenue	er	JAN 12 2007	
ATE SIGN and print the name and title if any of	the creditor				
1/11/07 this claim (attach copy of power of attach	omey if any)		True -		
16 veryn U. Dues		ACTAIL W. TAGS	rrustee	FIFD IAN 192	

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 USC §§ 152 AND 3571



	PRO	OOF OF CLAIM	
Name of Debtor	Case Nu	umber	
	MANIX 00 4	0705 DD	Rt IIIn.
USA COMMERCIAL MORTGAGE COMF		0725-LBR	RF I IVED AND F
NOTE See Reverse for List of Debtors and Case Numbe This form should not be used to make a claim for an admir	-	Check box if you are	2007 JAN 12 A a
arising after the commencement of the case. A 'request	for payment of an	aware that anyone else has filed a proof of claim relating to	I A a
administrative expense may be filed pursuant to 11 U S C Name of Creditor and Address	§ 503	your claim Attach copy of statement giving particulars	<i>U</i>
MICHAELIAN HOLDINGS, LLC			1 1
413 CANYON GREENS DR		Check box if you have never received any notices	\
LAS VEGAS, NV 89144		from the bankruptcy court or BMC Group in this case	DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT
1007 15 1570		Check box if this address	ONE OF THE DEBTORS
ACCT ID 1572		differs from the address on the envelope sent to you by the	If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again
Creditor Telephone Number () 702/338-3147		court	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which credit	or identifies debtor	Check here replace or if this claim amen	a previously filed claim dated
1 BASIS FOR CLAIM	☐ Retiree I	benefits as defined in 11 U S	
Goods sold Personal injury/wrongfu	l death	salaries and compensation (f	<u> </u>
Services performed Taxes		r digits of your SS #	(not for loan balances)
Money loaned	Unpaid o	compensation for services per	
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE O	(date) (date)
CLASSIFICATION OF CLAIM Check the appropriate bo See reverse side for important explanations	x or boxes that best descr	ibe your claim and state the amou	int of the claim at the time case filed
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM	
Check this box if a) there is no collateral or lien securing you exceeds the value of the property securing it or if c) none or	ir claim or b) your claim	a right of setoff)	ur claim is secured by collateral (including
entitled to priority	only part of your claim is	Brief description of	collateral
UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim all or part of	which is	Real Estate	Motor Vehicle Other
entitled to priority	WIIICII 13	Value of Collateral	\$
Amount entitled to priority \$	- 	Amount of arrearage an	d other charges at time case filed included in
Specify the priority of the claim		secured claim if any	
Domestic support obligations under 11 U S C § 507(a)(1)(A) Wages salaries or commissions (up to \$10 000) earned w	<u> </u>		rd purchase lease or rental of property or household use 11 U.S.C. § 507(a)(7)
before filing of the bankruptcy petition or cessation of the det business whichever is earlier 11 U S C § 507(a)(4)	otor's		rernmental units 11 U S C § 507(a)(8)
Contributions to an employee benefit plan 11 U S C § 507	(a)(5)	Other Specify applicable para	graph of 11 U S C § 507(a) ()
		Amounts are subject to adjust with respect to cases commend	tment on 4/1/07 and every 3 years thereafter ced on or after the date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ AT TIME CASE FILED	\$ 1,267,07		\$ 1,267,075 50
(unsecured) Check this box if claim includes interest or other charges in		secured)	(priority) (Total)
Check this box if claim includes interest or other charges in 6 CREDITS The amount of all payments on this claim by			
7 SUPPORTING DOCUMENTS Attach copies of sup	portina documents, su	ich as promisson, notae, purol	noco ordoro involces italianis di stata i i i
running accounts contracts court judgments mortgage DOCUMENTS If the documents are not available exp			
8 DATE-STAMPED COPY To receive an acknowled proof of claim	Igment of the filing of y	our claim enclose a stamped	self addressed envelope and copy of this
The original of this completed proof of claim form in ACCEPTED) so that it is actually received on or before	ore 5 00 pm. prevailin	a Pacific time, on November	12 2006
for each person or entity (including individuals, part governmental units)	tnerships, corporation	ns, joint ventures trusts and	r 13, 2006 USE ONLY
BY MAIL TO BMC Group	BY HAND	OR OVERNIGHT DELIVERY TO	
Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center			
P O Box 911 El Segundo CA 90245-0911	1330 East	Franklin Avenue	
DATE SIGN and print the name and titl the claim (attach copy of p	e if any of the creditor or		
01/11/2007 (attach copy of p		DRE MICHAELIAN, N	USA CMC
Penalty for presenting fraudulent claim is a fine of up to \$500 000 c			1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

Name of Debtor Case Number	
Name of Debtor Case Number	
USA COMMERCEAL MATCAGE COMPANY BK-S-06-10725 LBR	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503 Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of	
Name of Creditor and Address statement giving particulars	
Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Reno, Novalue 89505 Check box if this address of the envelope sent to you by the Bankruptcy Court or BMC you do	ROWER THAT IS NOT
Creditor Telephone Number (775 688-30/6 court THIS SPACE IS FOR CO	URT USE ONLY
Last four digits of account or other number by which creditor identifies debtor Check here replaces or a previously filed claim da if this claim amends	ated
	ted principal
Services performed Taxes Last four digits of your SS # (not for	aims against servicer loan balances)
(date)	(date)
2 DATE DEBT WAS INCURRED JAN, 6, 2005 & later 3 IF COURT JUDGMENT, DATE OBTAINED	(433)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case file. See reverse side for important explanations	ed
UNSECURED NONPRIORITY CLAIM \$ 543,373 Check this box if a) there is no collateral or lien securing your claim or b) your claim or caceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority SECURED CLAIM Check this box if your claim is secured by collateral a right of setoff) Brief description of collateral	ral (including
UNSECURED PRIORITY CLAIM Real Estate Motor Vehicle Other	er
Check this box if you have an unsecured claim all or part of which is entitled to priority Value of Collateral	
Amount entitled to priority \$ Amount of arrearage and other charges at time case secured claim if any \$	filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Up to \$2 225 of deposits toward purchase lease or rental of proservices for personal family or household use 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salaries or commissions (up to \$10 000)* earned within 180 days	
before filing of the bankruptcy petition or cessation of the debtors business whichever is earlier 11 U S C § 507(a)(4)	
Other Specify applicable paragraph of 11 U S C § 507(a)(5) Contributions to an employee benefit plan 11 U S C § 507(a)(5) Amounts are subject to adjustment on 4/1/07 and every 3 years with respect to cases commenced on or after the date of adjustment.	s thereafter
5 TOTAL AMOUNT OF CLAIM \$ 543 373 \$ \$ \$ 54	3.37-3
AT TIME CASE FILED (unsecured) (secured) (priority) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or	(Total)
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim	
7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders invoices itemize running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINATION OF THE DOCUMENTS If the documents are not available explain. If the documents are voluminous attach a summary	ed statements of GINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self addressed envelope and proof of claim	d copy of this
ACCEPTED) so that it is actually received on or before 5 00 pm prevailing Pacific time, on November 13 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures trusts and governmental units) BY HAND OR OVERNIGHT DELIVERY TO	ACE FOR COURT SE ONLY
144 1101 011 01 0 1 1 0 1	OV 13 2006
\ <u></u>	USA CMC

UNITED STATES BANKRUPTCY COURT PRODUCTION OF NEVADA	OOF OF CLAIM	
Name of Debtor Case No	umber	
USA Commercia Mortgage Company 06-1	0725 (LBR)	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case A "request' for payment of an administrative expense may be filed pursuant to 11 U S C § 503	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of	
Name of Creditor and Address	statement giving particulars	
Miller Properties, A Nevada Limited Partnership	Check box if you have never received any notices	
P.D. BOX 495	BMC Group in this case	DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT DNE OF THE DEBTORS
Zephyr Ove, NV 89448	omorph came you ay are	If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again
Creditor Telephone Number (775 S88-3900	court	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor 7364	Check here replace or f this claim amend	a previously filed claim dated
1 BASIS FOR CLAIM Retiree	benefits as defined in 11 U S C	§ 1114(a) Unremitted principal
Goods sold Personal injury/wrongful death Wages	salaries and compensation (fil	out below) Other claims against service
☐ Services performed ☐ Taxes ☐ Last for	ir digits of your SS#	(not for loan balances)
Money loaned Other (describe briefly) Fraud, misappurnation of funds, m	compensation for services perf	ormed from toto
	COURT JUDGMENT, DATE OF	· · · · · · · · · · · · · · · · · · ·
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best desc See reverse side for important ∈ xplanations	nbe your claim and state the amoui	it of the claim at the time case filed
UNSECURED NONPRIORITY CLAIM \$ 345,000 @	SECURED CLAIM	
Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority		r claim is secured by collateral (including
UNSECURED PRIORITY CLAIM		_
Check this box if you have an unsecured claim all or part of which is entitled to priority	☐ Real Estate ☐ Value of Collateral	Motor Vehicle
Amount entitled to priority \$		other charges at time case filed included in
Specify the priority of the claim	secured claim if any \$	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		d purchase lease or rental of property or household use -11 U.S.C. § 507(a)(7)
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's busine is whichever is earlier 11 U S C § 507(a)(4)	Taxes or penalties owed to gove	ernmental units 11 U S C § 507(a)(8)
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	* Amounts are subject to adjust	rraph of 11 U S C § 507(a) () ment on 4/1/07 and every 3 years thereafter ed on or after the date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ 345,000.00 \$	_ \$ -	\$ 345,000.20
AT TIME CASE FILED (unsecured)	(secured)	(pnority) (Total)
Check this box if claim includes interest or other charges in addition to the principal	I amount of the claim Attach item	ized statement of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credited and 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such a running accounts contracts court judgments mortgages security agreements.	such as promissory notes purch	nase orders invoices itemized statements of of lien DO NOT SEND ORIGINAL
DOCUMENTS If the documents are not available explain if the document 8 DATE-STAMPED COPY To receive an acknowledgment of the filing of proof of claim		-
The original of this completed proof of claim form must be sent by mail	or hand delivered (FAXES NO	THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm, prevails for each person or entity (including individuals, partnerships, corporation).	ng Pacific time on November	13 2006 USE ONLY
governmental units) BY MAIL TO BY HAND	OR OVERNIGHT DELIVERY TO	
BMC Group BMC Gr		
	ACM Claims Docketing Center st Franklin Avenue	FLED DEC 1 3 2006
El Segundo CA 90245-0911 El Segundo CA 90245-0911	ndo CA 90245	
DATE SIGN and print the name and title if any of the creditor this claim (attach copy of power of attorney if any)	or other person authorized to file	Propertie
this claim (attach copy of power of attorney if any) 12/11/06 Miller Properties - Mey. Umited Miller Bran J. Miller, Green	ing with the same	Dille USA CMC
		IN THE WAY OF THE PARTY OF THE

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571

USA CMC 1072501783

	<u> </u>				
	ES BANKRUPTCY COURT RICT OF NEVADA	PRC	OF OF CLAIM		
Name of Debtor		Case Nu	mber		
	ercial Mortgage Co.	06-1	0725 (LBR)		
This form should not be use arising after the commence	st of Debtors and Case Numbers ed to make a claim for an administrative expi ment of the case A request for payment o y be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to		
Name of Creditor an	d Address		your claim Attach copy of statement giving particulars		
Penny Mills	er and Brian J. Mills	ev	Check box if you have		
P.O.130x 40	er and Brian J. Mille		never received any notices from the bankruptcy court or BMC Group in this case		HS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
Zephyr Cov	re, NV. 89448		Check box if this address	ONE OF THE DE	
			differs from the address on the envelope sent to you by the		eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Numbe	r (77)5 588-3900		court	1	E IS FOR COURT USE ONLY
Last four digits of account of	or other number by which creditor identifies of	debtor	Check here replace	ces	
7363			if this claim amen		/ filed claim dated
1 BASIS FOR CLAIM Goods sold	Personal injury/wrongful death	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Services performed	Taxes		salaries and compensation (fill out below)	Other claims against service (not for loan balances)
Money loaned	177		digits of your SS #		
Money loaned	Fraud, misappropriation of	tonds	ompensation for services pe , miskpksatatib	S by US AC	(date) to
2 DATE DEBT WAS INCU					
4 CLASSIFICATION OF C See reverse side for importa	LAIM Check the appropriate box or boxes that ant explanations	t best descri	be your claim and state the amo	unt of the claim at t	the time case filed
	RITY CLAIM \$ 115,000.00		SECURED CLAIM		
Check this box if a) there	e is no collateral or lien securing your claim or b)		land.	our claim is secu	red by collateral (including
entitled to priority	property securing it or if c) none or only part of yo	our claim is	a right of setoff) Brief description of	collateral	
UNSECURED PRIORITY	LAIM		Real Estate	~	e 🗍 Other
Check this box if you have entitled to priority	e an unsecured claim all or part of which is		Value of Collateral	e e	Outor
Amount entitled to priority	, s			od other charges	at time case filed included in
Specify the priority of the			secured claim if any		at time case med included in
	ions under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward	ard nurchase lease	or rental of property or
	nissions (up to \$10 000)* earned within 180 days		services for personal family of	or household use -	11 U S C § 507(a)(7)
	iptcy petition or cessation of the debtor's arlie: 11 U.S.C. § 507(a)(4)		Taxes or penalties owed to go		
Contributions to an emplo	oyee benefit plan 11 U S C § 507(a)(5)		Other - Specify applicable para * Amounts are subject to adjus		
			with respect to cases commen		
5 TOTAL AMOUNT OF CL AT TIME CASE FILED	· ·		\$		\$ 115,000 @
	(unsecured)	•	ecured)	(priority)	(Total)
	cludes interest or other charges in addition to the				
	of all payments on this claim has been cred				
running accounts contra	JMENTS <u>Attach copies of supporting docu</u> acts court judgments mortgages security a	agreements	and evidence of perfection	of lien DO NO	T SEND ORIGINAL
DOCUMENTS If the do	ocuments are not available explain. If the d	locuments	are voluminous attach a sur	nmary	
proof of claim	PY To receive an acknowledgment of the	e filing of y	our claim enclose a stamped	d self-addressed	envelope and copy of this
The original of this cor	mpleted proof of claim form must be sent	t by mail o	r hand delivered (FAXES N	ОТ	THIS SPACE FOR COURT
ACCEP (ED) so that it	is actually received on or before 5 00 pm, ity (including individuals, partnerships, c	, prevailin	g Pacific time on Novembe	er 13 2006	USE ONLY
governmental units)					
BMC Group		BMC Grou			
Attn USACM Claims Do	-		CM Claims Docketing Cente Franklin Avenue	r Fair	
El Segundo CA 90245-	0911	El Seguno	lo CA 90245		ED DEC 1 3 2006
DATE	SIGN and print the name and title if any of the this claim (attach copy of power of attorn	e creditor or	other person authorized to file	0.	_ 5 2000
12/11/06	Penny + Brian J. my	A Man	Man Rusto	: 10.	
	1 SUM	11/14	and Think	UU	

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U S \$250 152 AND 3571



Case 06-10725-gwz Doc 8450-	-3 En	tered 06/13/11 16:	54:55 Pag	<u>ge 7 of 11</u>	
	PRO	OF OF CLAIM			
Name of Debtor	Case Nu	mber			
USA Commercial Mortgage Company	06-10725-LBR		•		
OSA Commercial mortgage company	00-107	25-LBR			
NOTE See Reverse for List of Debtors and Case Numbers					
This form should not be used to make a claim for an administrative expe		Check box if you are aware that anyone else has			
arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. Name of Creditor and Address.		filed a proof of claim relating	IF YOU ARE ONLY OWED MONEY BY A BORROY		
		to your claim Attach copy of statement giving particulars	WHOSE LOAN IS BEING SERVICED BY THE DEBTORS YOU DO NOT HAVE TO FILE A P		
11321242037456	6	Check box if you have		INCLUDES MONEY FROM THAT D IN THE COLLECTION ACCOUNT	
MONIGHETTI PETE		never received any notices			
6515 FRANKIE LANE PRUNEDALE CA 93907		from the bankruptcy court or BMC Group in this case	SECURED INTER	S PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT	
		Check box if this address	ONE OF THE DEE	BTORS eady filed a proof of claim with the	
		differs from the address on the envelope sent to you by the		or BMC you do not need to file again	
Creditor Telephone Number ()		court.	THIS SPAC	E IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor identifies d	iebtor	Check here replac	2 Dreviouely	filed claim dated	
		if this claim amen			
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal	
Goods sold Personal injury/wrongful death Services performed Taxes	_	salanes and compensation (fill out below)	Other claims against servicer (not for loan balances)	
Money loaned Other (describe briefly)		digits of your SS #	formed from		
	Oripaid C	ompensation for services per	nomied nom	to (date) (date)	
2 DATE DEBT WAS INCURRED		OURT JUDGMENT, DATE O			
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	best descri	be your claim and state the amo	unt of the claim at th	ne time case filed	
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM			
Check this box if a) there is no collateral or lien securing your claim or b)	your claim	a right of setoff)	our claim is secur	ed by collateral (including	
exceeds the value of the property securing it or if c) none or only part of yo entitled to priority	our claim is	Bnef description of	collateral		
UNSECURED PRIORITY CLAIM		Real Estate	Motor Vehicle	Other _	
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral	- \$		
Amount entitled to priority \$		Amount of arrearage ar	nd other charges	at time case filed included in	
Specify the priority of the claim		secured claim, if any			
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward			
Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	_	services for personal family of Taxes or penalties owed to go			
business whichever is earlier 11 U S C § 507(a)(4)		Other Specify applicable para		•	
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	-	* Amounts are subject to adjust			
5 TOTAL AMOUNT OF CLAIM \$ \$	1,509	with respect to cases commen	ced on or after the	\$ 1,509,96355	
AT TIME CASE FILED (unsecured)		secured)	(priority)	(Total)	
Check this box if claim includes interest or other charges in addition to the	e principal	amount of the claim Attach ite	mized statement of	f all interest or additional charges	
6 CREDITS The amount of all payments on this claim has been cred	dited and d	leducted for the purpose of m	aking this proof o	of claim	
7 SUPPORTING DOCUMENTS Attach copies of supporting docu	iments, su	ch as promissory notes pure	hase orders inve	oices itemized statements of	
running accounts contracts, court judgments mortgages security a DOCUMENTS If the documents are not available explain. If the di				T SEND ORIGINAL	
8 DATE-STAMPED COPY To receive an acknowledgment of the			•	envelope and copy of this	
proof of claim					
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm,				THIS SPACE FOR COURT USE ONLY	
for each person or entity (including individuals, partnerships, cogovernmental units)				Fres 1	
BY MAIL TO	BY HAND O	OR OVERNIGHT DELIVERY TO		FILED	
Attn USACM Claims Docketing Center	Attn USA	.CM Claims Docketing Cente	,	NOV 10 2006	
		t Franklin Avenue do CA 90245		SACA TO COM	
DATE SIGN and point the name and title if any of the	e creditor or			USA CMC	
this Claim (attach copy of power of attorn	ı⊌y ⊪any)				
				10/2501208	

Case 06-10725-gwz Doc 8450	<u>-3 En</u>	tered 06/13/11 16:5	54:55 Pag	je 8 of 11
	PRC	OF OF CLAIM		
중인 경기는 이 이 없다고 하는 네 그리었다. 생활하는				
Name of Debtor	Case Number			
USA Commercial Mortgage Company	06-10725-LBR			
OOA Commercial mortgage Company			RFCT	SEP 2 5 2006
Name of Creditor and Address MULLIN ELAINE		Check box if you are aware that anyone else has		
		filed a proof of claim relating to your claim Attach copy of	WHOSE LOAN IS	Y OWED MONEY BY A BORROWER BEING SERVICED BY THE
		statement giving particulars Check box if you have never received any notices	DEBTORS YOU DO <u>NOT</u> HAVE TO FILE A PROOF CLAIM THIS INCLUDES MONEY FROM THE BORROWER HELD IN THE COLLECTION ACCO	
3115 MERRILL DR #37 TORRANCE CA 90503		from the bankruptcy court or BMC Group in this case		IS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
	:	Check box if this address differs from the address on the envelope sent to you by the	Bankruptcy Court	eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number () 310/533-1939		court	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies a 1 5 5 7	debtor	Check here repla or of this claim amer	 a previously 	filed claim dated
1 BASIS FOR CLAIM	Retiree b	penefits as defined in 11 U S	C § 1114(a)	☐ Unremitted principal
Goods sold Personal injury/wrongful death	Wages,	salaries and compensation (fill out below)	Other claims against servicer (not for loan balances)
Services performed Taxes Tother (describe briefly)		digits of your SS #		,
The describe press)	Unpaid o	compensation for services pe	rrormed from	to (date) (date)
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes tha	t best descri	be your claim and state the amo	unt of the claim at t	he time case filed
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b)	your claim	Check this box if you a right of setoff)	our claim is secui	red by collateral (including
exceeds the value of the property securing it or if c) none or only part of your entitled to priority	our claim is	Brief description of	collateral	
UNSECURED PRIORITY CLAIM		XXX Real Estate		Other
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral		,000.00
Amount entitled to priority \$		Amount of arrearage a		at time case filed included in
Specify the priority of the claim		secured claim if any	\$ 220,00	0.00
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits town services for personal family of		
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	, 	Taxes or penalties owed to go		• (,,,,
business whichever is earlier - 11 U S C § 507(a)(4)		Other - Specify applicable par		• • • • • • • • • • • • • • • • • • • •
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		* Amounts are subject to adju with respect to cases commen		
5 TOTAL AMOUNT OF CLAIM \$	220,0		or alter the	\$ 220,000.00
AT TIME CASE FILED (unsecured)	•	secured)	(pnonty)	(Total)
Check this box if claim includes interest or other charges in addition to the	he principal	amount of the claim Attach ite	emized statement o	of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS Attach copies of supporting documents courts accounts contracts court undergones mortgages security.	<u>uments,</u> su	ich as promissory notes, pur	chase orders, inv	oices, itemized statements of
running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary				
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim		•		
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or	n, prevailin	ng Pacıfic tıme, on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units) BY MALL TO		OR OVERNIGHT DELIVERY TO		tiled bate
BMC Group Attn USACM Claims Docketing Center P O Box 911 El Servicio CA 00245 0044	1330 Eas	ACM Claims Docketing Cente t Franklin Avenue	er	Filed Date. 9/25/2006
El Segundo CA 90245-0911 DATE SIGN and print the name and title if any of the		do, CA 90245 r other person authorized to file		
9/22/06 SIGN and print the name and title if any of the creditor or other person authorized to file USA CMC USA CMC				
Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonme			152 AND 3571	1072500221

	PRO	OOF OF CLAIM		
Nicosof College	Case Number			75 7
Name of Debtor				S B S CE
USA Commercial Mortgage Company	06-107	725 -LB R		RECEIVED 2006 OCT 2 US BANKPI
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A "request" for payment of administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating	IF YOU ARE ONLY	CONTROLLED BY THE
Name of Creditor and Address 11321242037590 NAKASHIMA VICKY 1681 FAIRBURN AVE LOS ANGELES CA 90024	0	to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the envelope sent to you by the	DEBTORS YOU DO OF CLAIM THIS IS BORROWER HELI DO NOT FILE THIS SECURED INTERE ONE OF THE DEB If you have alrea Bankruptcy Court of	SUPPLY HAVE TO FILE THE PROOF INGLEDES MONEY FROM THAT DINTHE COLLECTION ACCOUNT OF PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT TORS ady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number (31b) 474-3629		court	THIS SPACE	IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies of CLIENT ID#7464 & 7290	debtor	Check here replain or amer	 a previously t 	filed claim dated
1 BASIS FOR CLAIM	Retiree	benefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages	salaries and compensation (fill out below)	Other claims against service
Services performed Taxes	Last fou	r digits of your SS#		(not for loan balances)
Money loaned Other (describe briefly)		compensation for services pe	rformed from	to
2/27/06 2 DATE DEBT WAS INCURRED 12/27/05, 1/24/06		OURT JUDGMENT, DATE O	DRTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				e time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of your entitled to priority	your claim our claim is	Check this box if y		ed by collateral (including
UNSECURED PRIORITY CLAIM		Real Estate	_	Other
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral		
Amount entitled to priority \$		· \	·	
Specify the priority of the claim		secured claim if any	\$ 5,000.0	<u>at time case filed</u> included in <u>O_int</u> erest
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Г	Up to \$2 225* of deposits tow	ard purchase lease	or rental of property or
Wages salanes or commissions (up to \$10 000) earned within 180 days		services for personal family	or household use 11	IUSC § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4)	Ļ	Taxes or penalties owed to go		• • • • • • • • • • • • • • • • • • • •
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	L	Other Specify applicable pair * Amounts are subject to adju		
		with respect to cases comme		date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ \$	155,0	00 00 \$		\$ 155,000.00
(unsecured) Check this box if claim includes interest or other charges in addition to the		(secured) I amount of the claim Attach ite	(pnonty) emized statement of	(Total) f all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS Attach copies of supporting documents accounts contracts court judgments mortgages security DOCUMENTS If the documents are not available explain. If the company of the proof of claim.	<u>uments.</u> s agreemen document	such as promissory notes pur its and evidence of perfection s are voluminous attach a su	chase orders involved n of lien DO NOT immary	oices itemized statements of F SEND ORIGINAL
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships,	n, prevaili	ng Pacific time, on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units) BY MAIL TO		OR OVERNIGHT DELIVERY TO	o .	
BMC Group Attn USACM Claims Docketing Center	BMC Gre Attn US	oup ACM Claims Docketing Centi	er I	
P O Box 911	1330 Ea	st Franklin Avenue		
DATE SIGN and print the name and title if any of the		ndo CA 90245		LICA OMO
this claim (attach copy of power of attor Vicky Nakashima		n. 1 1		USA CMC
1 . 11-0 1	$\mathcal{L}\mathcal{M}$	1 - MIL WY WML	i	10/2001010

Case 06-10725-gwz Doc 8450-	3 Ent	ered 06/13/11 16:5	4·55 Pag	e 10 of 11
		OF OF CLAIM	and and	
Name of Debtor	Case Number			
USA Commercial Mortgage Company	06-10725-LBR			
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exparising after the commencement of the case. A "request" for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503 Name of Creditor and Address O NEILL CHARLES CONSCIPLINES OF NEILL 2340 ARMSTRONG LN RENO NV 89509	of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case	WHOSE LOAN IS DEBTORS YOU I OF CLAIM THIS BORROWER HEI DO NOT FILE TH SECURED INTER	LY OWED MONEY BY A BORROWER BEING SERVICED BY THE DO NOT HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT LD IN THE COLLECTION ACCOUNT IS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
		Check box if this address differs from the address on the envelope sent to you by the court	Bankruptcy Court	eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number (775 323-2873) Last four digits of account or other number by which creditor identifies of	debtor			E IS FOR COURT USE ONLY
7174 ov 7320	Deptor	Check here replace or if this claim amer	a previously	filed claim dated
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes	_	alanes, and compensation (fill out below)	Other claims against servicer (not for loan balances)
Money loaned Other (describe briefly)		ompensation for services pe	rformed from	to
2 DATE DEBT WAS INCURRED 11-10 2005-12/28/0	6 3 IF C€	OURT JUDGMENT, DATE O	BTAINED	(date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				he time case filed
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of yo		a nght of setoff)		red by collateral (including
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of	_	
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral	Motor Vehicle \$ 75.	- 010
Amount entitled to priority \$ Specify the priority of the claim		Amount of arrearage ar secured claim, if any	nd other charges	at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225" of deposits toward		
Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)		services for personal family of Taxes or penalties owed to go	vernmental units	11 U S C § 507(a)(8)
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	لـا	Other Specify applicable part * Amounts are subject to adjust		
P. TOTAL ANGUNE OF CLASS		with respect to cases commer		
5 TOTAL AMOUNT OF CLAIM \$ \$ AT TIME CASE FILED (unsecured)	75,2	ecured)	(pnonty)	\$ 75 ₁ 3 [1 84
Check this box if claim includes interest or other charges in addition to the	e principal	amount of the claim Attach ite	mized statement o	of all interest or additional charges
CREDITS The amount of all payments on this claim has been cred SUPPORTING DOCUMENTS <u>Attach copies of supporting docu-</u> running accounts, contracts, court judgments, mortgages security a DOCUMENTS If the documents are not available explain. If the do-	<i>ıments,</i> su agreement:	ch as promissory notes pure and evidence of perfection	chase orders inv	oices itemized statements of
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim		· ·	•	l envelope and copy of this
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or governmental units)	, prevailin corporation	g Pacific time, on Novembons, joint ventures, trusts ar	er 13, 2006 nd	THIS SPACE FOR COURT USE ONLY
BY MAIL TO BMC Group	BMC Grou	•		
Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245-0911	1330 East	CM Claims Docketing Cente Franklin Avenue Io CA 90245	r	
DATE SIGN and print the name and title if any of the	e creditor or			FILED DEC 11 200
this claim (attach copy of power of attom	ney if arty	aus (M).		USA CMC

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or impresonment for up to 5 years or both 18 U S C §\$ 152 AND 3571

FORM B10 (Official Form 10) (10/05)					
United States Bankruptcy Court	Dis	TRICT O	⊩ Nevada		PROOF OF CLAIM
Name of Dubtor U. S. COMMERCIAL MORTHAGE CO	MERCIAL MONETCHAGE CO Case Number 06-10725LBR				
NOTE This form should not be used to make a claim for an administrative expense may be case. A request for payment of an administrative expense may be considered as a claim for an administrative expense may be considered.					
Name of Creditor (The person or other entity to whom the debtor owes money or property) WELLIAM W. OCICEW PETTY R. OCICEW Name and address where notices should be sent Z Z 1 O Z SHAWNOW DE LL DRWE	else your givii Che noti	has filed claim Ang particu ck box if ces from	you are aware the a proof of claim attach copy of stars you have never the bankruptcy of	relating to tatement	
AUDUBON, PA 19403 Telephone number 610 382-9283	addi the	ess on the	the address diffe e envelope sent		THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor		ck here is claim	replaces amends a p	reviously file	d claim dated
1 Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other SEE Buthi Bit A		W La		nd compensate your SS # _ tion for servi	
2 Date debt was incurred 30/04	3	If cou	rt judgment, d	ate obtained	
See reverse side for important explanations Unsecured Nonpriority Claim \$	which is	Amou secure Up to \$2 or service \$ 507(a) Taxes or Other - \$ nounts ar with resp	Check this box is of setoff) Brief Description Real Estate Value of Collate and claim if any 2225* of deposites for personal (7) penalties owed Specify applicable subject to adjunct to cases con	f your claim is n of Collatera Motor Viral \$ \(\begin{aligned} \text{Motor Viral } \\ \tex	chase lease or rental of property usehold use - 11 U S C solver tall units - 11 U S C solver (2007) and every 3 years thereafter rafter the date of aajustment
Check this box if claim includes interest or other charges in ad- interest or additional charges	dition to th	(unsécun e principa		red) (p claim Attacl	priority) (Total) h itemized statement of all
6 Credits The amount of all payments on this claim has been making this proof of claim 7 Supporting Documents Attach copies of supporting documents orders invoices itemized statements of running accounts contragreements and evidence of perfection of lien DO NOT SEN documents are not available, explain If the documents are voluments are not available, explain If the documents are voluments are voluments are not available, explain If the documents are voluments are voluments are not available, explain If the document of the final discussion of the state of the	nents such acts court ND ORIGIN minous, att	as promis judgment NAL DO ach a sur r claim, e	ssory notes, pures, sory notes, pures, so CUMENTS If nmary enclose a stampe	chase ecurity the	THIS SPACE IS FOR COURT USE ONLY ED JAN 12 2007
Penalty for presenting fraudulent claim Fine of up to \$500 000 or			OGRENO o to 5 years or		USA CMC 1072502161